



APPLICATIONS ACCESS FORM

COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH
PROVIDER SUPPORT OFFICE

REQUEST TYPE

Effective Date 04 / 04 / 2014	<input checked="" type="checkbox"/> Add New User	<input type="checkbox"/> Update Existing User	<input type="checkbox"/> Add Reporting Unit <input type="checkbox"/> Delete Reporting Unit <input type="checkbox"/> Name Change	<input type="checkbox"/> Add Role <input type="checkbox"/> Delete Role Unit <input type="checkbox"/> Termination	<input checked="" type="checkbox"/> Add User Access <input type="checkbox"/> Delete User Access
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EMPLOYEE STATUS

☐ DMH Permanent ☐ DMH Temporary ☐ FFS IP ☒ FFS OP ☐ MHSA ☐ NGA ☐ DHS

APPLICATION INFORMATION

User/Logon ID		Last Name Jones		First Name Camille		MI	Last 4 Digits of SSN 3333
Date of Birth MM/DD 12/10	Sex Code F	Ethnicity Code 01	Handicap Code 00	Language Code 01	Name of Facility/Bureau/FFS Network Provider/Pharmacy Camille Jones Inc.		
Program Name/Unit		Address 111 N. Main St.			Suite/Floor 15		
City Los Angeles		State CA	Zip Code 90012	Phone Number 213-240-1212	E-Mail Address cjones@yahoo.com		

ROLE(S)

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Provider using Web Services? ☐ Yes ☒ No

SELECT CLASS CODE & AUTHORIZED PROVIDER NO.

DMH Provider No(s)				NGA Legal Entity No.	
DHS Provider No(s)				FFS Provider No.	PSY144212

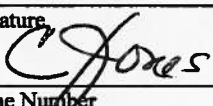

SELECT APPLICATION ACCESS

<input type="checkbox"/> Integrated System	<input type="checkbox"/> STAR	<input checked="" type="checkbox"/> Provider Connect*	<input type="checkbox"/> PRM*	Other (please specify)
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The following forms must be signed and sent with this document:

☒ COLA Agreement for Acceptable Use ☒ Oath of Confidentiality ☒ E-Signature Agreement

SIGNATURES

Applicant Name Camille Jones	Signature 	Date Completed 4/4/14
Contact (Print Name)	Phone Number	Date Completed
Program Head/Authorized Designee (Print Name) Camille Jones	Signature 	Date Completed 4/4/14

FOR PSO USE ONLY

User ID	HEAT Call Ticket	Date Received
Processed By	Remarks	Date Completed

*Provider Connect or PRM User Access?

Scan and Email forms to:
DMHPSO@dmh.lacounty.gov

User Access for all other Applications?

Mail all forms to:
DMH PSO Systems Access Unit
695 S. Vermont Avenue
Los Angeles, CA 90005